

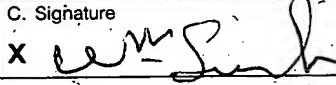
# APPENDIX B

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. William F. Swisher  
1930 E. County Road 1670  
Carthage, IL 62321

**COMPLETE THIS SECTION ON DELIVERY**A. Received by (Please Print Clearly) B. Date of Delivery  
8-31-01C. Signature  
X  ☐ Agent  
☒ AddresseeD. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

700 05200013 87524841

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**BEST AVAILABLE COPY**